

Supplemental Application Data Sheet

## Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	0
Number of copies of CDs::	0
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	A SYNERGISTIC COMPOSITION FOR TREATING HYPERILIPDEmia
Attorney Docket Number::	11378.60USW1
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

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**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Palpu  
Middle Name::  
Family Name:: PUSHPANGADAN  
Name Suffix::  
City of Residence:: Uttar Pradesh  
State or Province of Residence::  
Country of Residence:: India  
Street of mailing address:: National Botanical Research Institute, Lucknow  
City of mailing address:: Uttar Pradesh  
State or Province of mailing address::  
Country of mailing address:: India  
Postal or Zip Code of mailing address:: 226 001

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Shanta  
Middle Name::  
Family Name:: MEHROTRA  
Name Suffix::  
City of Residence:: Uttar Pradesh  
State or Province of Residence::  
Country of Residence:: India  
Street of mailing address:: National Botanical Research Institute, Lucknow  
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City of mailing address:: Uttar Pradesh  
State or Province of mailing address::  
Country of mailing address:: India  
Postal or Zip Code of mailing address:: 226 001

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Chandana  
Middle Name:: Venkateswara  
Family Name:: RAO  
Name Suffix::  
City of Residence:: Uttar Pradesh  
State or Province of Residence::  
Country of Residence:: India  
Street of mailing address:: National Botanical Research Institute, Lucknow  
City of mailing address:: Uttar Pradesh  
State or Province of mailing address::  
Country of mailing address:: India  
Postal or Zip Code of mailing address:: 226 001

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Sanjeev  
Middle Name:: Kumar  
Family Name:: OJHA

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Name Suffix::  
City of Residence:: Uttar Pradesh  
State or Province of Residence::  
Country of Residence:: India  
Street of mailing address:: National Botanical Research Institute, Lucknow  
City of mailing address:: Uttar Pradesh  
State or Province of mailing address::  
Country of mailing address:: India  
Postal or Zip Code of mailing address:: 226 001

#### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Govindarajan  
Middle Name::  
Family Name:: RAGHAVAN  
Name Suffix::  
City of Residence:: Uttar Pradesh  
State or Province of Residence::  
Country of Residence:: India  
Street of mailing address:: National Botanical Research Institute, Lucknow  
City of mailing address:: Uttar Pradesh  
State or Province of mailing address::  
Country of mailing address:: India  
Postal or Zip Code of mailing address:: 226 001

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**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Guntupalli  
Middle Name:: Madan Mohana  
Family Name:: RAO  
Name Suffix::  
City of Residence:: Uttar Pradesh  
State or Province of Residence::  
Country of Residence:: India  
Street of mailing address:: National Botanical Research Institute, Lucknow  
City of mailing address:: Uttar Pradesh  
State or Province of mailing address::  
Country of mailing address:: India  
Postal or Zip Code of mailing address:: 226 001

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Sreedevi  
Middle Name::  
Family Name:: PADMAVATHI  
Name Suffix::  
City of Residence:: ~~Kerala~~ Thiruvananthapuram  
State or Province of Residence::  
Country of Residence:: India  
Street of mailing address:: Gyanaceologist, Government Hospital,  
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Thiruvananthapuram

City of mailing address:: ~~Kerala~~ Thiruvananthapuram

State or Province of mailing address::

Country of mailing address:: India

Postal or Zip Code of mailing address::

### Correspondence Information

Correspondence Customer Number:: 23552

### Representative Information

Representative Customer Number::	23552
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### Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
this application	Continuation of	PCT/IB03/06106	12/22/03

### Assignee Information

Assignee Name:: COUNCIL OF SCIENTIFIC AND INDUSTRIAL  
RESEARCH

Street of mailing address:: Rafi Marg

City of mailing address:: New Delhi

State or Province of mailing address::

Country of mailing address:: India

Postal or Zip Code of mailing address:: 110 001

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